

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2162

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

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1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE A. STATE Arizona	
B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE OR TOWN Phoenix)		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) rural	
D. FULL NAME OF HOSPITAL OR INSTITUTION Good Samaritan Hospital		D. STREET ADDRESS 9611 Buena Vista	
3. NAME OF DECEASED A. (FIRST) Athol		B. (MIDDLE) G.	
C. (LAST) Flanagan		4. SEX Male	
5. COLOR OR RACE White		6. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
7. DATE OF BIRTH MONTH July DAY 18 YEAR 1905		8. AGE YEARS 45 MONTHS 8 DAYS 25	
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Car Service		9B. KIND OF BUSINESS OR INDUSTRY Taxi Cab	
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kentucky		11. CITIZEN OF WHAT COUNTRY? U.S.	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No		13. SOCIAL SECURITY NO. 1111	
14A. FATHER'S NAME Thomas Flanagan		14B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	
15A. MOTHER'S MAIDEN NAME Emma Coffey		15B. BIRTHPLACE (STATE OR COUNTRY) Kentucky	
16. INFORMANT'S SIGNATURE Iram Flanagan		17. DATE OF DEATH (MONTH) April (DAY) 12 (YEAR) 1951	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Essential Hypertension ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)	
21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)	
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MIN) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?		22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Mar 15 19 51 TO Apr 12 19 51 THAT I LAST SAW THE DECEASED ALIVE ON Apr 12 19 51 AND THAT DEATH OCCURRED AT 10:20 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.	
23A. SIGNATURE John L. Cogland, M.D.		23B. ADDRESS Professional Building	
23C. DATE SIGNED 4/14/51		24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>	
24B. DATE April 15, 1951		24C. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Phoenix, Arizona		25. FUNERAL DIRECTOR'S SIGNATURE Charles E. Menden	
26. EMBALMER'S SIGNATURE Leo C. Nussbaum		27. ADDRESS Phoenix	
28. CERT. NO. 170		29. DATE REC'D BY LOCAL REG. 4/14/51	
30. REGISTRAR'S SIGNATURE Bulah Johnston		31. DATE 4/14/51	